| Taxpayer's name Taxpayer's SSN | | | | | | | | | | | | | 7 | | | | | | |
|---|---|--|----------|---------------|----------------------|--|-------------|---------------------------------|------------------------------------|-----------------|---------------------|---------------------|---------------|----------------------------------|---------------------|--------------------------------------|-----------------------------------|----------------------------------|----------|
| L-1 | υ40, | PAGE | 2 | | | | | | | | | | | | | | 131 | MI-LN | NS2 |
| EXEMPTIONS | | | | | Date of birth (mm/dd | Regular 65 or over | | | r | Blind Deaf D | | Disable | isabled | | | | | | |
| SCHEDULE 1 | | 1a. | You | | | | | | | | | | | | | | the number of | | |
| | 1b. Spouse | | | | | | | | | | | | | boxes checked on lines 1a and 1b | | | | | |
| 1d. | List De | pendents | 1c. | Che | eck box it | f you can be claimed | as a deper | ndent on anoth | ent on another person's tax return | | | | | | | | | | |
| # | Fir | First Name | | | Last Name | | | Social Security Number F | | | Relat | ationship Da | | te of Birth | | 1f. Enter | numbe ndent cl | | |
| 1. | | | | | | | | | | | | | | listed | | | | | |
| 2. | | | | | | ` | | | | | | | | | do Esta | | | | |
| 3. | | | | | | | | | | | | | | | | | | number of other ndents listed on | |
| 4. | | | | | | | | | | | | | | | line 1 | | | | |
| 5. | | | | | | | | | | | | | | | | 1h Total | ovomo | ione (Add | |
| 6. | | | | | | | | | | | | | | | | | exemptions (Add 1e, 1f and 1g; | | |
| 7. | | | | | | | | | | | | | | | | r here and also on e 1, line 21a) | | | |
| 8. | <u> </u> |) ED 14 | <u> </u> | FO ANI | D TAX | / \\//TILLE D / | NII E (O- | instructions Decident wasse see | | | | | II | | | | - τα) | | |
| | Col. A | עם עו | | LUMN B | ID TAX WITHHELD SC | | | EDULE (See instructions. | | | пe | esident wages genei | | | erally not excluded | | | l) COLUMN F | |
| W-2 # | T or S | SOCIAL SEC | | URITY NUMBER | | EMPLOYER'S ID NUMB | | | | | | FAILURE TO | | | LANSING TAX W | | LO | CALITY NA | AME |
| 1. | | (Form v | | W-2, box a) | | (Form W-2, box b) | | (Attach Excluded) | | | AII | | H W-2 | (Fo | (Form W-2, box 19) | | (Foi | m W-2, bo | x 20) |
| 2. | | | | | | | | | | | - | FORMS T | | .0 | | | | | |
| 3. | | | | | | | | | | | .00 | | | SSING OF | | | | | |
| 4. | | | | | | | .00 | | | | RETURN. INFORM | | .00 | | | | | | |
| 5. | | | | | | | | | | .00 STATEM | | | | | | .00 | | | |
| 6. | | | | | | | .00 | | | | PRINTED | | .00 | | | | | | |
| 7. | | | | | | | | .00 | | | | TA PREPAR | | .00 | | | | | |
| 8. | | | | | | | | .00 | | | | SOFTWARE ARE | | | .00 | | | | |
| 9. | | | | | | | | | | .0 | .00 NOT ACCEPTABLE. | | | | .00 | | | | |
| 10. | | | | | | | | | | .0 | _ | ACCEPT | | .00 | | | | | |
| 11. Totals (Enter here and on page 1; part-yr residents on Sch TC) | | | | | | | | | | | | | g 1,ln 1, col | В | | .00 | << Er | ter on pg 1 | , In 24a |
| DE | DUC. | TIONS | SC | HEDUI | L E (Se | ee instructions | ; deduc | tions alloc | cated o | on the sa | am | e basis as | s related | d incon | ne) | D | EDUCT | IONS | |
| 1. | IRA de | duction (A | Attach | copy of pa | age 1 of f | ederal return & evide | nce of payr | ment) | | | | | | | 1 | | | | .00 |
| | Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return) | | | | | | | | | | | | | | 2 | | | | .00 |
| | | | | | | | | | | | | | | 3 | | | | .00 | |
| | 4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903) 4 | | | | | | | | | | | | | | | | | | .00 |
| | | - | | | | SUPPORT. Attach on the state of | opy or pag | je i or rederali | return) | | | | | | 5 | .00. | | | |
| 7. | | | | • | | line 6, enter total here | and on na | age 1 line 19) | | | | | | | 7 | | | | |
| | | | | | | e taxpayer (T), | | | nth (R) | resided | du | ıring vear | and dat | es of r | | ncv) | | | .00 |
| MA | | | | | | STATE & ZIP CODE | | | | | | | | | | FRO | M | ТО | |
| | | | | | | return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year. | | | | | | | | | | MONTH | DAY | MONTH | DAY |
| | | | | | | | | | | | | | | | | | | | |
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| | DD - | \ A D = " | , n- | 010::- | _ | | | | | | | | | | | | | | |
| | | | | SIGNE | | thin roturn with the 1 | 00m2 T- | Office? | , | /oo | 10 AL | o followin - | | | | | | | |
| Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No | | | | | | | | | | | | | | T_ | | | | | |
| Desig | nee's | | | | | | | Phone No. | | | | | Person number | | | al identification r (PIN) | | | |
| | | or the s | anal+ | of porium | v I doc' | are that I have ove | minad +h: | e return and | 2000000 | anving ook | | | amente c | nd to the | | . , | odac a | nd bolist | it ic |
| | | der the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of e, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which I | | | | | | | | | | | | | | • | - | | |
| SIG | N TAXE | PAYER'S S | IGNAT | URE - If join | t return, bo | oth spouses must sign | Date (MM/I | DD/YY) | Taxpaye | er's occupation | 1 | | Daytin | ne phone n | umber | | If dec | eased, date | of death |
| HER | | | | | | | | | | | | | | | | | | | |
| | SPO | SPOUSE'S SIGNATURE | | | | | | D/YY) | Spouse' | 's occupation | | | | | | | If deceased, date of death | | |
| | | | | | | | | | | | | | | | | | | | |
| Š i | SIGNATURE OF PREPARER OTHER THAN TAXPAYER | | | | | | | | | | | Date (MM/DD/ | | IN, EIN or SSN | | | | | |
| PREPARER'S | · | | | | | | | | | | | | | | | | | | |
| JEP/ | FIRM | | | | | | | | | | NACTI softwa | IACTP oftware | | NS1 | 3 | | | | |
| F O | • | | | | | | | | | | | | | | numbe | | | | |